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THE LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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No. 27.

LUNSFORD P. YANDELL, M.D., . . } Editors.

PROSPECTIVE.

This number of the LOUISVILLE MEDICAL NEWS completes Volume XIV. With the opening of the next volume, which begins with the new year, it is the purpose of the editors and publishers to make some very important, and to our readers, we trust, very agreeable changes. When the present editors assumed the management of these columns, three months ago, it was announced that no efforts would be spared to make the News a faithful exponent of medical science in the South and West, and that it will be the policy of the present management to make it eminently a practitioner's journal. It was also indicated that our readers will be furnished the freshest and most practical items of medical progress in all countries, and that in all its departments the News will be up to the most improved and advanced standard of medical periodical literature. As an earnest of these assurances our readers will find the News increased from twelve to sixteen pages of reading matter with the first number of the new year. By thus enlarging our space we will be enabled to lay before the profession a very large amount of choice reading matter every week, and to give place also to many valuable original papers. By this change our subscribers will receive annually over two hundred pages more reading matter than heretofore, making in all eight-hundred and thirty-two.

We have also much pleasure in announcing that our facilities for obtaining valuable

contributions from both American and European sources are very greatly improved. By special arrangement a series of letters from a distinguished and brilliant member of the profession in London will be published during the course of the coming year. Arrangements have also been made for valuable contributions from various parts of the United States. Our editorial columns will be devoted to the discussion of subjects of scientific, ethical, and general professional interest; and we shall endeavor to discuss the living issues before the profession from the standpoint of the practical medical man.

Last, but not least, and we claim for it some special consideration, the subscription price of the NEWS will remain the same. The size of the journal will be increased without any additional cost to subscribers. When the fact is recalled that the News is the only medical weekly in the Southwest, and that every weekly medical journal at all comparable with it in its improved form costs almost double its subscription price, then our readers will realize the extraordinary amount of valuable material they are receiving for the small subscription. The weekly medical journal has become to physicians a necessity. Two of the leading American monthlies will begin the new year as weeklies, thus showing the demands and requirements of the medical public and of medical thought in America. With these requirements it will be our constant effort to keep fully abreast.

Believing, as we do, that honest and welldirected work is rarely, if ever, altogether lost or without reward, we have every confidence that our efforts will be appreciated. In clos-

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ing Volume XIV we be peak a continuation of the support and encouragement which the profession has so long and so cordially extended this journal.

SIR THOMAS WATSON.

What physician has studied and practiced medicine during the last quarter of a century without reading with delight and instruction "Watson's Practice of Physic?" Who could read those lessons from nature so accurately and exquisitely drawn, with a grace of style and classic diction never surpassed, without feeling a genuine personal interest in their author? Hence it is with more than ordinary regget that the profession will learn of the death of this scholarly physician and lovable gentleman, who outlived as he outlabored all his contemporaries.

Sir Thomas exemplified the highest type of general practitioner. He studied the human system as a whole, and appreciated all the intricate details and mutual dependencies of human physiology and pathology. He combined most happily and successfully the work of the pathologist and the diagnostician, the clinician and the well-read physician, the practitioner and the scholar. He was a philosopher in medicine, and with industry, patience, and enthusiasm, took a broad and accurate view of both the science and the practice. His descriptions of disease have never been surpassed, and though given to the profession many years ago, the student finds his work filled with sound principles of pathology and general therapeutics which will never become obsolete. When one has read his work one is not surprised to find his personality such as is described by a contemporary in the following words:

"He is seated in his library, surrounded by his books. His neat attire, the associations of a cultured physician, and the thoughtful countenance, make up a most interesting ensemble, and reveal, at the same

time, the literary character and professional eminence. Such was the position of Watson in London—scholar, gentleman, and physician—a scion of an old family, a wrangler of Cambridge University, and the leading practitioner of the metropolitan city of England."

BUCHANANISM IN BOSTON.

Certain persons residing in Boston have been detected and arraigned for issuing fraudulent medical diplomas with the title of the "Bellevue Medical College." They escaped conviction by showing in evidence that they were in possession of a charter for such institution, which had been granted many years since and was supposed to have been repealed. The act of incorporation authorized the granting of diplomas upon grounds to be determined solely by the officers of the institution, and hence, under the law, the power of the so-called faculty is supreme. The lesson is that in every State charters for medical colleges not in active operation should be repealed. It is the duty of both the public and the profession to give heed to these "inoperative charters" and have them repealed by legislative action before they grow old and pass into unscrupulous hands. There is one charter incorporating a medical college now in Louisville which should be promptly repealed at the next session of the General Assembly at Frankfort.

Dr. J. Forsyth Meigs, the author in connection with Dr. Pepper of the well-known work on the Diseases of Children, died at his home in Philadelphia on the 16th inst. He was the son of the late eminent Professor of Obstetrics, Dr. Charles D. Meigs, and one of the most popular and skillful practitioners of his city. He was for many years one of the physicians to the Pennsylvania Hospital, where he lectured with success. He died at an advanced age, after a brief illness.

MISCELLANY.

THE ACTUAL VALUE OF NEW DISCOVERIES in science can never be at once appraised. It is long before the true relations of fresh facts can be ascertained. They are magnified by the halo of novelty which surrounds them, and which itself depends on the mists of ignorance that prevent us from estimating the proportions and discerning the position of a new light in the sky of science (Lancet), Sometimes a discovery at first is undervalued. Modest and unobtrusive in appearance, its significance is only realized when long-continued observation has shown its true position, or revealed the order to which it is the key. Much more frequently the influence of a new discovery is overestimated. Expectation is aroused by the trumpet-blasts which herald its approach, and the discovery is received with universal acclamation, as explaining all things, or about to explain them-as effecting all things, or about to effect them. . . . We may take as an instance the remarkable discoveries regarding the relation of bacteria to tubercu-These have been at once received as evidence of the contagiousness of phthisis. All that they really do is to enable us to understand how phthisis may be contagious. They afford no proof that it is, and at present there is no more evidence of its contagious character than there was before.

THE "NON-RESTRAINT" LUNATIC SYSTEM IN AMERICA.-It is amazing, as well as amusing, says the Lancet, to read in a recent number of the Boston Medical Journal an announcement that the medical superintendent of an asylum numbering eight hundred (!) inmates, "many violent and noisy, making them difficult to control," has dared to adopt the non-restraint system. Of course it is only at one asylum that this temerity has been shown, and even there the doctor stands on his reserved right to restrain either by the usual devices or by the use of sedatives, if he thinks it necessary. and-by, if this sort of thing goes on, some one in connection with a public hospital will be making the public hair stand on end and at the same time earning for himself eternal gratitude by venturing to give the victim of a formidable operation chloroform! Happily, however, it is only in respect to the management of the insane America lags about forty years behind the rest of the world and is now just beginning, in a very small and limited way, to perceive what

other peoples have long recognized—namely, that insanity is not either a "visitation" or a crime, but simply a disease, which only needs to be treated on *medical* principles to be brought within the pale of human influences, when its victims will be found not less easily manageable than the sane.

A CASE of ovarian pregnancy with lithopedion of thirty-five years' duration is related in the Archiv für Gynäkologie by Dr. Leopold (Medical Times and Gazette). The patient at her death was seventy-five, and had been pregnant eight times. Shortly after her fourth labor she again conceived (being then forty years old), and presented the diagnostic signs of extra-uterine gestation. It did not cause her any suffering, and at term the fetus died, but no subsequent discomfort was experienced. After this the patient bore three children with easy and natural labors. The abdominal tumor became from year to year firmer and harder, was recognized by medical men as a lithopedion, and was borne for the rest of life without trouble. On autopsy, the fetus was found lying with the head downward, the breech directed toward the liver. It weighed about three pounds. It was inclosed in a capsule of bony hardness, which could only in places be indented with the finger. The child was doubled up so that the chin was in contact with the upper part of the sternum, and the thighs with the lower part. When extended it measured about seventeen inches in length. Nearly all the organs could be recognized, and the histological structure of many tissues was preserved. The pregnancy, Dr. Leopold thinks, was ovarian. He quotes from Spiegelberg four distinguishing marks of ovarian pregnancy: (1) That the ovary on the side of the pregnancy can not be found; (2) that the fallopian tube on the side of the pregnancy can be traced unaltered; (3) that the ovarian ligament runs from the cyst to the uterus, and that the topographical relations of the tumor are those of the ovary; and (4) that Graäfian follicles can be found in the cyst-wall. In the case under consideration the three first of these characters were present; the fourth was not discovered, but the changes which had taken place in the cyst-wall would evidently have prevented the recognition of any such structures that might once have existed. Dr. Leopold enumerates thirteen indubitable published cases of ovarian pregnancy (a variety once regarded as impossible), this one being the fourteenth. Dr. Leopold refers to his former writings on the subject of lithopedion, in which he has pointed out that the ultimate fate of a retained extra-uterine fetus depends upon whether its membranes remain entire or not. If they burst, the fetal tissues are invaded by leucocytes, the soft parts disintegrated and removed, and the skeleton only remains. If the membranes remain uninjured, the fluid constituents of the fetus are absorbed, and mummification, or even, as in this case, calcification takes place.

HOLIDAY COLONIES.—At the International Congress for Hygiene, which met lately in Geneva, a subject was discussed by the famous sanitarian, Dr. Varrentrapp, of Frankfort, which, we think, will have much interest not only for philanthropists, but for all who love to see happy rosy childish faces in place of the wan cheeks and languid eyes that so often meet us in the closely populated side-streets of London. It has long been the custom with large-hearted men and women, in London and elsewhere, to take bands of children from the centers of our large towns for a day's outing in the green fields and flower-grown lanes that lie not very far from even the largest cities. Those who know the heart of a child, and have seen these bands, know something of what that outing means to them. For many it is the one bright particular day of the year, preceded by breathless expectation, followed by lingering happy memories. But while in this way a day's outing is valuable, nay, most valuable, it can not be compared with the system discussed by Dr. Varrentrapp, and already to some extent established among ourselves. This consists in taking bands of weakly, poor, but well-behaved school children, to the number of ten or fifteen, under the care of a teacher (male or female), away from their usual surroundings, for a stay of three to four weeks in the open country, where they can be well housed in large, healthy, airy rooms, well fed with plenty of nourishing food, and encouraged to be much in the open air. Some would question the physical benefit of one day's outing, some even that of three weeks. Dr. Varrentrapp says that experience of five Swis and twelve German "holiday colonies," as he terms them (1877-1880), shows that the children gain not only in freshness of aspect and in cheerfulness of movement, but also in weight (on an average, one to three pounds), and in stature (three quarters to one and three quarter inches). This increase is distinctly greater than is observed in children of a

like age in a like time. The measurement of the chest, Dr. Varrentrapp says, is difficult in children at this age, and has not yet given results that can be employed statistically. Dr. Varrentrapp distinctly emphasizes that the children taken out in such "holiday colonies" ought to be weakly, poor, and well-behaved, but that they ought neither to be sick nor in the early stage of convalescence from sickness. For these last, individual care and nursing is necessary. For the "holiday colonies" the teacher's oversight should not be too much broken up. All the children ought to have uniform nourishing diet, and be encouraged to walk, run, bathe, engage in gymnastics, etc., without being too much afraid of a little rough weather. This would not suit either sick or convalescing children, for whom children's hospitals must provide the necessary care. The cost for each child daily, Dr. Varrentrapp estimates at two shillings, admitting, of course, that in this there may be wide differences. He recommends specially as the site for "planting" such colonies, mountain or seaside, the details being arranged according to place and opportunity; and he closes his address with an eloquent appeal, in which we would most warmly join, that, as each bright summer-time comes round, all medical men will remember the children, and do what in them lies to further the number and success of our "holiday colonies."

DEFECTIVE MIDWIFERY INSTRUCTION.— The Lancet's suggestions, which we copy, should be followed by all our American obstetric teachers: There can be no doubt of the vast importance of, as well as the necessity for, the effectual practical teaching of midwifery in our medical schools. The great majority of all those who engage in the private practice of medicine are called upon to attend women during their lying-in. A very large proportion of women who suffer from diseases peculiar to their sex refer their suffering to a previous labor, and justly. The mortality in childbed is very greatabout one in one hundred and twenty; and in all cases of difficult labor two lives, that of the child and that of the mother, are at stake. These facts sufficiently testify to the importance of midwifery as a branch of medical education, as well as to the necessity of teaching our students the practical details and management of labor in all its varieties. The methods adopted in the English schools differ materially from those in use on the

Continent. In France, Germany, and Austria large lying-in hospitals are common, and it is not an infrequent practice to conduct difficult cases of labor in the theater before a crowd of students when any obstetric operation is to be performed. In this country, on the other hand, such practice is unknown, and the sentiment of the public would doubtless be altogether opposed to its adoption. At the same time, if the practice were of such value that it supplied the student with a knowledge of operative midwifery which he could not otherwise obtain, and in this way proved conducive to the safety of the public, poor as well as rich, the sentiment would be unreasonable, and should be as far as possible treated accordingly.

A RARELY WISE FRENCH IDEA .- A circular from the Minister of Public Instruction is being sent round (says the Lancet's Paris correspondent) to the different schools, enjoining the masters not to overburden their young pupils with a multiplicity of subjects at the same time, as, far from such a practice being profitable to them, it would be rather prejudicial to their young minds, and would tend to disgust them with their stud-The circular also treats of the necessity of allowing the children more time for their meals than is now obtained, and more leisure for corporal exercises. The minister dwells upon the necessity of masters and teachers studying the constitution and natural aptitudes of their pupils, and of dividing the hours for study according to the average amount of intelligence of the boys of the same class, leaving them sufficient time for play and rest. And while the culture of the mind should be properly attended to, the physical development should not be neglected. Orders have been issued that gymnastics and athletic exercises should be introduced into every school and college.

To the usual excess of the body-length and body-weight of males over females, there is an exception between the twelfth and fifteenth year of life (Dr. Thoma, quoted by the Lancet). At this period the development of the female equals, or even exceeds, that of the male—an indication of the earlier attainment of puberty in the female sex. Normal growth is not uniform, but presents an increased or lessened activity at different periods of development. The most rapid growth is observed in the last months of fetal life; after birth it gradually becomes

slower, until some time between the sixth and ninth year. An acceleration then commences, which becomes most rapid between the thirteenth and sixteenth year, and after this epoch a progressive retardation is observed. The full height is attained at latest by the thirtieth year, but the average weight continues to increase; in later life both lessen. The variations from the average are greatest at the period of most rapid growth, and least when this is slowest. All the phenomena occur earlier in females than in males.

IN MEMORIAM: GEORGE CRITCHETT.—The following acrostic is from the British Medical Journal:

Gone to the far-off land! the eternal shore!

Entered, we humbly trust, into his rest!

Outspread your golden wings—ye angels blest—
Receive him. Lord, close not the heavenly door!

Grant him—oh! grant him—mercy from Thy store.

Ever was he the kindest and the best.

Come to his grave, with fairest flowers o'erstrewn; Renew from day to day these emblems sweet; In recollection fond, we mourners meet; Tell of his gifts so well, so widely known, Call to remembrance bounties broadcast thrown. Heard o'er the world a wail of grief for thee; E'en to unnumber'd eyes the tear-drop starts; Thy name is graven on ten thousand hearts; Thine acts of love shall live eternally.

Doctors of Medical Science. - The French Minister of Public Instruction has issued a circular to the doctors of the medical schools, requesting them to seek the advice of their various counsels as to whether it would be desirable to create a new degree superior to that of Doctor of Medicine, to be termed Docteur ès Sciences Médicales. The minister observes that there are three points to be especially considered. 1. The utility of having above the doctorate of medicine, which is especially a professional degree, a superior degree indicating more complete and more scientific acquisitions, and more personal and more original studies. 2. What exigencies should be imposed on the candidates for the new doctorate beyond those already required for the doctorate of medicine? 3. In what way are the tests of the qualifications of the candidates to be settled?

ADULTERATED FOOD AND DRINK.—The Paris municipal laboratory for the analysis of the solid and liquid food sold in that city reports that nearly every article of consumption is more or less adulterated. Coffee and chocolate are rarely sold pure.

Original.

ARTHRITIS DEFORMANS.

University of Louisville Clinic, October 14, 1882.

J. W. HOLLAND, M.D.,

Professor of Pathology, Clinical Medicine, and Nervous Diseases, University of Louisville.

[Reported by C. M. Henderson.]

Gentlemen: The remarkably deformed patient you see lying on the table, having the dimensions of a boy of twelve, is actually twenty-seven years old. He has come from Daviess County, of this State, to see if something can not be done for him.

He gives the following history: At the age of seven he had what I suppose was an attack of acute rheumatism. It was a fever without skin eruption, but remembered because of the joint-pains and copious sweating which attended it. His previous condi-

tion was one of perfect health.

His left hip-joint became gradually stiffened, and next the knees were involved. In two years both knees were permanently stiff, in a position of flexion. Step by step every joint in his body was invaded by the disease, became painful and fixed. At present he can move no joint but that of the shoulder, of two or three upper cervical vertebræ, and of the fingers. Even these four joints lack much in suppleness and range of movement. On stripping him, you see that his joints generally are crooked and incapable of the slightest movement. His limbs have not grown beyond the size attained by most boys at ten or twelve years of age. The muscles are small, shrunken, and cordlike. Occasionally you perceive an involuntary twitching in them.

His head is of normal size, and facial ex-

pression intelligent.

There is hair on the face and pubis. His genitals are properly developed, and he has the sexual desires of a man. He has been lying on the right side for seventeen years, with his arms bent on the forearms, his thighs flexed on the pelvis, and the legs drawn back to the thighs. His toes are all flexed except the great toe of left foot, which is extended and slightly dislocated. There is partial dislocation of the phalanges of the right hand. From constant pressure the thorax and pelvis have become flattened. There is a consequent displacement of the heart, but no signs of organic disease. His spine is curved slightly forward, but not at an angle. There is a bony prominence over

the sacrum. There is perfect anchylosis of all the vertebræ but a few near the occiput. The joints of the long bones are relatively large, but are not painful. At changes of the weather, or when forced extension is attempted, the joints of the fingers give him pain. There has never been any discharge from these joints. His appetite and digestion are good. He eats but little, as he requires but little to sustain his vegetative existence.

He sleeps well, his mind is clear and certainly up to the average in quickness and

cheerfulness of tone.

Here we have completed all the lines of a typical case of rheumatoid arthritis, or ar-

thritis deformans.

Beginning earlier in life than is usual as acute rheumatism, the malady took the formidable shape you see illustrated here, binding its victim to his mattress all his life through, and still not satisfied. It has destroyed the hinges of his limbs and of his spinal column, stolen the cunning from his fingers, and locked his jaws, while it has cruelly left him with the cravings for a full life, physical and mental, such as arise from healthy visceral action. It is not unlikely that in its further progress his few remaining joint movements will be totally annulled. It is a case to rouse the doctor to his best efforts, and I doubt not his physicians rung the changes on all the remedies that have ever been recommended. He tells us that he has taken much medicine, but neither he nor his doctors have ever seen benefit flow from treatment.

That which promises most in the forming stage is the alkaline and salicylate regimen of acute rheumatism. This should be followed in the chronic phases by iodide of potassium liberally given, and alternated with iron and cod-liver oil.

Cod-liver oil was first brought before the profession as a remedy for chronic rheumatism, and in a delicate, growing boy so afflicted it ought certainly to evince its pow-

It would not be out of place even now if we would save for him the little voluntary movement left. As an adjunct highly recommended by Trousseau, the hot sand bath should be daily applied to the left shoulder and the hands. We may not indulge ourselves in the the hope of removing the osseous and other growth that has destroyed and supplanted the synovial structures, but we may possibly arrest the process or retard its spread.

His locked jaws are a great inconven-

ience; he talks through his set teeth, and can take liquid food only. His incisors are very much decayed, and it would not be difficult for a dentist to remove some of They do him no good now, and their absence would be a benefit. He could talk better and take his food easier, whereas now his broths find their way slowly through the spaces between the teeth, then he could take good swallows sucked through a tube. A small satisfaction may be a great gain to a person afflicted in this way.

You will observe that despite the constant pressure upon the prominent parts of the right side, there are no bed-sores. Doubtless he has been carefully nursed, and secretions not allowed to irritate by contact with them. This is an excellent proof of the perfect health of his nervous system and his nutritive functions in general. Had these latter been impaired to any extent, bed-sores would have been a consequence. We will enjoin local cleanliness and bathing with whisky to obviate the effects of constant pressure and dependent posture.

LOUISVILLE.

CLINICAL OBSERVATIONS ON RETRO-PHA-RYNGEAL ABSCESS AND TRAU-MATIC CATARACT.

M. F. COOMES, M.D.

Professor of Physiology and Ophthalmology in the Kentucky School of Medicine.

CASE I. RETRO-PHARYNGEAL ABSCESS.

Mrs. Anna L., aged forty-seven years, consulted me on the 23d day of May, 1882. She had been suffering with a sore throat for some months, stating that this condition obtained by frequent attacks; and that one attack would scarcely subside before another would occur with increased severity. She had suffered with insomnia and depression of spirits, with loss of appetite, and when she called on me was nervous and irritable. Deglutition was difficult, fluids being swallowed with considerable effort, and solids could not be swallowed without great pain and distress. There was neither external swelling or soreness of the neck. On examining the throat by means of a strong light and the mirror, I observed a large protrusion or tumor on the left side of the pharynx, extending forward and toward the right side in such a manner as to almost close the space leading to the larynx. It was impossible to obtain a full view of the larynx with the aid of the smallest throat-mirror, only

the epiglottis and a circumscribed portion of one vocal cord could be seen. These structures were seen to be in an apparently healthy condition, and the voice was unim-

The tumor, if I may be allowed to call it such, was not so well a defined growth as the word would indicate; it was simply a bulging of the tissues with marked outline. The patient and her husband were apprehensive that it might be an aneurism, and in consequence of that fact suggested a consultation.

There was an absence of that extreme tension which accompanies a diffused aneurism. The fluctuation was slight, and not well marked. There was no circumscribed redness about the protrusion. Dr. James M. Holloway saw the case with me, and fully concurred with me in my diagnosis, viz., that the tumor contained pus. On the following day we visited the patient at her residence and aspirated the tumor, drawing off quite a quantity of pus, thus confirming our diagnosis. There was no attempt to evacuate the tumor by this means, because it was evident that it would be necessary to keep it open for a considerable length of time. On Wednesday, the 26th of May, I opened the tumor in the following manner: As it was impossible to determine the thickness of the tissues overlying the pus cavity, great care was necessary in making an opening into it, because the sudden outpouring of pus might strangle my patient; and furthermore, if the knife should by any accident be passed too far back, it might come in contact with important blood-vessels and nerves.

With all of these facts before me, I proceeded to make a vertical cut into the tu-mor with a Beers' cataract knife, and after the instrument had passed in almost or quite two thirds of the length of the blade, without any sign of pus, I withdrew it, preferring to proceed with an instrument whose point was not so sharp. Before introducing another knife I concluded to try and see what I could do with a bulbous-pointed probe, and at once introduced such an instrument into the wound, and found that the knife had almost entered the sac of the abscess.

The extreme elasticity of the undivided tissue led me to this conclusion, and I asked my assistant to take the probe and feel the peculiar impression imparted by the instrument, when it suddenly passed into the sac, and there was a moderately free flow of pus, which soon ceased.

I then introduced a probe-pointed bistoury and enlarged the opening to an extent sufficient to admit a free flow of pus. The tissues were so dense that I was compelled to keep a pledget of lint in the wound in or-

der to maintain its patency.

The after-treatment of the abscess consisted in washing the cavity once a day with a solution of listerine, varying from one to three drams to the ounce of water. This treatment was continued until the wound was entirely free from pus, and all evidences of swelling disappeared, when it was permitted to close.

Since the patient's discharge she has complained of occasional pain in the cervical region. This pain seems to be persistent in its nature, and I am apprehensive that some

return of trouble may yet recur.

I have recently seen a case, in consultation with Dr. Sam. E. Woody, of this city, in which the abscess broke high up, and a portion of its contents passed into the posterior nares, a large quantity passing into the larynx, with most alarming symptoms, which, however, were of short duration.

Recovery in this latter case was rapid, the treatment consisting in the application of antiseptics to the nose and pharynx by

means of an atomizer.

The subject of this instance was a colored girl sixteen years old, well developed, and apparently free from any strumous taint. There has been no complaint of pain in the neck, and the abscess was probably located in the soft tissues without the involvment of any of the bony structures.

CASE II. TRAUMATIC CATARACT.

William Rapp, aged twenty years, consulted me on the 13th of March, 1882, and stated that he had received an injury of the left eye, about an hour previous to the time at which he called on me. He said that he and a friend were in a feed-store, and that a friendly game of pitch was started between himself and his companion, in which ears of corn were substituted for a ball; and that in a short time the game ended in blows, and that his companion struck him over the left eye with an ear of corn, the shock being of sufficient force to knock him to the ground. Upon arising he found that vision in the left eye was very much impaired, and that objects had a reddish appearance when viewed with that eye. The iris of the injured eye was pushed well forward against the cornea so as to almost obliterate the anterior chamber. There was quite a quantity

of blood occupying the area of the pupil, which rendered an ophthalmoscopic examination impossible. The patient was able to distinguish light from darkness, and to locate

a gas jet with moderate accuracy.

There was a rupture of the cornea, extending from its central vertical meridian to the sclero-corneal junction, where the rent terminated. The wound in the cornea had more the appearance of a crack than a cut. It was irregular in its outline, although the corneal epithelium along its course was not disturbed, a peculiarity which made the wound have more the appearance of a rupture than a cut. The eye-lid was considerably bruised, as was the forehead and face on that side. The treatment consisted in the instillation of a solution of atropia into the eye (four grains to the ounce of water), and the application of a compressive bandage. The bandage was removed whenever it was necessary to apply the atropia, which was every two or three hours in the beginning, but after the third day it was only necessary to remove it once in twenty-four hours.

The lens became cataractous and was gradually absorbed, and with the aid of a glass the patient can now count fingers with the injured eye and see to do ordinary work.

From the appearances of the wound, it is almost certain that this patient's eye was ruptured by the great force of the blow, and not by any cutting process; yet it is difficult to see how such an injury could take place without complete destruction of vision from detachment of the retina and disorganization of the entire contents of the globe.

Books and Pamphlets.

A CASE OF MELANOSIS. By Wm. H. FALLS, M.D. Reprinted from the Lancet and Clinic.

IS THE OBSTETRIC BINDER NECESSARY? A Report to the Wisconsin State Medical Society. By HENRY P. WENZEL, M.D., of Milwaukee.

THREE CASES OF RUPTURE OF THE UTERUS. BY HENRY P. WENZEL, M.D., of Milwaukee, Wis. A reprint from the American Journal of Obstetrics.

THE SANITARIAN, devoted to the Preservation of Health, Mental and Physical Culture. New York: January 4, 1883.

This excellent periodical, after ten years of successful publication as a monthly, now appears as a weekly with the above title. This has long been the leading journal devoted to public health in this country, and as a weekly in its new and enlarged form it will doubtless maintain its eminence and usefulness.

THE BIRMINGHAM (England) MEDICAL REVIEW, a monthly journal of the Medical Sciences. Edited by ROBERT SAUNDBY, M.D. December, 1882.

The above excellent monthly is cordially welcomed to our exchange list.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States for the Fiscal Year, 1882. Washington.

An Analysis of Eight Thousand Cases of Skin Disease. By L. Duncan Bulkley, A.M., M.D. New York. 1882.

This is a pamphlet of thirty pages, and is a statistical study of both the common and rare diseases of the skin. It is a contribution to the natural history of the cutaneous affections, with the relations of the same to age, sex, and habits. Like all of Dr. Bulk-ley's contributions to medical literature it is thorough and valuable.

The U. S. Dispensatory. The publishers, J. B. Lippincott & Co., of Philadelphia, announce that the fifteenth edition of this work will be ready January, 1883. This edition has been prepared by Dr. H. C. Wood, of the University of Pennsylvania, and J. P. Remington, and S. P. Sadtler, of the College of Pharmacy of Philadelphia. The revision has occupied about three years, and is very thorough, embracing the most recent discoveries in materia medica, pharmacy, chemistry, and therapeutics. The new pharmacopeia will be fully expounded and discussed. American physicians will cordially welcome this famous work which has so long been relied upon as an encyclopedia of materia medica, therapeutics, and pharmacy.

REPORT OF THE BOARD OF TRUSTEES OF THE ARKANSAS STATE LUNATIC ASYLUM, at Little Rock. 1882.

This is the first report of an institution which has just been established in the State of Arkansas. The Board of Trustees is composed of well-known citizens of Arkansas, the president being Dr. P. O. Hooper, the late first vice-president of the American Medical Association. The citizens of Arkansas may congratulate themselves upon the appointment by the Governor of a physician and fellow-citizen so eminently fitted for the honest and faithful discharge of such a trust. Our former neighbor, Dr. C. C. Forbes, for a number of years the Superintendent of the Central Kentucky Asylum at Anchorage, was elected superintendent of this new institution in Arkansas, and has entered upon his duties. In the report before us it is stated that Dr. Forbes was elected without his knowledge or solicitation, and his experience in the care of the insane and in the management of such an institution gives him special fitness for the duties assumed. The report is highly creditable to the Board of Trus-

THE NEW YORK MEDICAL JOURNAL, which for eighteen years has enjoyed a deserved popularity as one of the best monthly medical periodicals in Amer-

ica, has been altogether remodeled as to size and form and appears as a weekly review of medicine. This change was announced some weeks since, and attention was called to the proposed improvement in these columns as indicative of a higher development. The first number of the new volume, bearing date of January 6, 1883, is before us. The first article is by Wm. B. Carpenter, M.D., on Human Automatism, in the form of a lecture. Four of the five original pagers of this "crack number" are devoted to Antiseptic Surgery in its various branches and applications, by four well-known New York surgeons. The editorial subjects are well chosen and felicitously discussed, though not with a superabundance of force and individuality. The evidences of ability, however, are there, and under the stimulus of weekly demands improvement will be manifest. The selections are made with admirable taste and judgment, which fact will be all the more evident to our readers when we add that in the department of Miscellany a recent editorial of the Louisville Medical News is reproduced in full and duly accredited. Respecting the excellence of the typography, it is only necessary to say that this is one of the publications of the Appletons. To our old friend in the new dress we say, most cordially, "God speed."

BIENNIAL REPORT OF THE ALABAMA INSANE HOSPITAL, at Tuskaloosa, for the years 1881 and 1882. Montgomery, Ala. 1882.

This pamphlet is made up almost in its entirety of the report of the superintendent, Dr. Peter Brice, to the Board of Trustees of this excellent hospital. We have never seen any similar report, made up of details of practical character, together with the record of scientific observations and statistics, which contains within the space so much that is valuable and satisfactory. Dr. Brice is eminently qualified for the humane work in which he is engaged. He is up with the most recent advances in neurology, psychology, and mental pathology; and is a man of wide and ripe experience in the management of the insane. He does not approve of restraint or punishment in the management of the insane; and he insists that the institution over which he presides is a hospital and not an asylum. Dr. Brice has made the Alabama Insane Hospital, at Tuskaloosa, one of the best institutions for the care of the insane in America, and an ornament to the State in which it is situated. We could wish the people of Alabama nothing better at this season for good wishes than that Dr. Brice may long be spared to the splendid work which has won him such an enviable position among American

MEDICAL COLLEGES. Advance sheets from the Fourth Annual Report of the Illinois State Board of Health.

The greater portion of this pamphlet is devoted to a directory of the institutions granting medical diplomas and licenses in the United States and Canada. Eighteen notoriously disreputable institutions, mostly eclectic and homeopathic, are specified as not recognized by the Illinois State Board of Health. Among those whose diplomas are recognized by this Board are all the remaining homeopathic, eclectic, and irregular institutions of the various States and Canadas. We find the so-called eclectic and other colleges in New York, Philadelphia, and other portions of the United States, which have become notorious for their irregularities, are here placed on a level with the College of Physicians and Surgeons and the University of Pennsylvania. A great deal has been claimed for the Illinois State Board of Health and its work in regulating the practice of medicine in that State. These much vaunted reforms seem to exist only in name, and about the only advance beyond the similar efforts of other States is that practitioners of medicine are required to exhibit their diplomas and register their names. To comply with these requirements almost any thing in the shape and form of a diploma will suffice. The improvement of the medical profession and the regulation of practice in the State of Illinois or elsewhere will require some more positive action than the regulations of the Illinois State Board of Health as presented in the fourth annual report.

Selections.

Spontaneous Rupture of Heart; Survival for Forty Hours.—This marvelous case we condense from the Lancet: W. T., sixty-five, was admitted into hospital October 13, 1882. He had that morning gone to his work in his usual health. About 11 A.M., while he was walking along the street, a heavy lamp fell close to and almost upon him. Though he was not struck he was startled very much. Three quarters of an hour later, and after he had walked fully a mile further, he was seized with "a sudden pain all over the chest," and immediately after fell down in a fainting fit.

On admission, at noon, he presented all the symptoms of the most extreme collapse. The whole body was cold and bathed in a profuse cold sweat. There was extreme pallor of face and lips; the radial pulse was only just perceptible, and the heart-sounds were quite inaudible. No increase in the cardiac dullness could be detected, but both lungs were evidently emphysematous. His mind was quite clear, as he answered questions readily, and gave a coherent statement of the morning's events. There was no paralysis. Within the next half hour he vomited several times, and there was constant tenesmus; once his

bowels were opened well.

The patient was seen soon after admission by Dr. Coupland, and some internal hemorrhage seemed probable. Cardiac rupture was surmised, though in the absence of any positive proof, such as an increase in cardiac dullness, and looking to his desperate state, a stimulant treatment seemed the only course indicated. A mustard poultice was accordingly applied to the precordia, hot bottles were put to the feet, two ounces of warm brandy-and-water were at once administered, and the following mixture was ordered to

be taken every hour: Spirits of ether and aromatic spirits of ammonia, of each half a dram, and one dram of syrup of tolu in water. Half an ounce of brandy was also given every three hours. Under this treatment the patient slowly but steadily rallied. At 5 P.M. the pulse was distinctly perceptible at wrist, and the heart-sounds were faintly heard at apex, free from bruit; surface of body comparatively warm. Temperature, 96.6°; pulse, 76; respiration, 25. About this time he complained of pain in the right ankle, and a fracture of the lower third of the fibula was detected and at once set. The fracture was believed to have occurred in the syncopal attack. At II P.M. the same night the pulse was full and strong, 96; heart sounds moderately loud; lips and face a fair color; body and extremities warm. The stimulants were diminished in quantity and frequency, but still continued.

The next morning (October 14th) the following note was made: "Temperature, 98.6°; pulse, 84. Slept at intervals during the night; has completely rallied from collapse. Skin warm; pulse of good volume and steady, but hard; heart sounds fairly well pronounced. There is some bulging of the left front of the chest in the precordial region." Strict rest and stimulant treatment were continued, and all went well till 6 A.M. the following morning (15th), when, after a good night's rest, the patient became

suddenly collapsed and died.

At the autopsy, which was made by Dr. Fowler, the following conditions were found: The cartilages of the third, fourth, and fifth ribs on the left side were prominent and arched. Those on the right side were flattened. All were calcified. On opening the pericardium about one ounce and a half of fluid blood escaped, and the heart was seen to be invested with blackish-red blood-clot, having a smooth outer surface. The clot was not adherent to the parietal pericardium. This clot was separable into two dissurface. tinct layers, the outer of a rather paler tint and firmer. Each layer was removed separately, and found to weigh about seven ounces, some soft black clot at the back of the sac being weighed with the inner and probably the most recently extravasated The anterior surface of the heart showed a considerable excess of sub-pericardial fat. On turning the heart over, a rent half an inch long was seen in the posterior wall of the left ventricle, two inches and three quarters above the apex and one inch to the right of the posterior coronary artery, having an oblique direction. A probe passed through the rent emerged into the left ventricle, just behind the apex of the posterior papillary muscle. The posterior coronary artery could be felt as a rigid cord, and the pericardium having been dissected off, it was seen to be extremely atheromatous and calcified. A branch of the vessel (not found) had apparently ruptured, as there was some blood extravasated beneath the pericardium and deeper in the fat and muscular tissue around the vessel for a distance of three and a half inches. The anterior coronary artery was also atheromatous. The right cavities contained some post-mortem clots, and the left ventricle also contained a small post-mortem clot. mitral and tricuspid valves were somewhat thickened and fibrous; the aortic were atheromatous. All were probably competent. The muscular tissue of the heart was soft, brown, and greasy; that of the right ventricle encroached upon by the sub-pericardial fat. The aorta was atheromatous. Both lungs were emphysematous, and very edematous.

Spina Bifida.—Mr. James Morton, of Glasgow, states in the Lancet that, up to date, forty successful operations have been reported. He says, "I never treat a case without previously informing the parents of the extreme danger, and of the possibility of even instant death, and my assistants are instructed in regard to the certainty of a fatal result if the cerebro-

spinal fluid is allowed to drain away.

It is now my impression that many cases are lost from delay in the treatment; the tumor grows, and thus the interior presents a much greater surface, so large in fact that the infant's feeble powers are unable to bear up against the local excitation requisite to effect a cure, and exhaustion follows. Pressure also, but very gentle pressure, ought to be useful in dealing with the larger tumors. Again, although very many lumbar cases have been successful, I am satisfied that the injection ought to be made with greater care than usual with low lumbar, or those almost coccygeal. This is the opposite of what might be expected, but from dissection I have learned that there the openings into the spinal canal are often large, allowing the injected fluid to run further than is desired, and the shock is thus apt to be greater and more immediate.

In respect to hydrocephalus, it will occasionally occur in such cases, yet the history of at least two cases, known to me, shows that there was a threatening of hydrocephalus before operation, which afterward permanently disappeared, as the patients are still alive and well. After injecting a spina bifida we should wait usually three weeks, longer if the tumor seems to be shrinking. The necessity for earlier interference might arise from circumstances too varied

to be noticed here.

One case of meningocele was presented to me, which I injected not fewer than eight times with a solution of double strength (twenty grains of iodine and sixty grains of iodide of potassium in an ounce of glycerine), and which became perfectly consolidated. Nearly two years thereafter the child died of hydrocephalus.

Antiseptic Surgery.—Dr. J. Williston Wright, in the New York Medical Journal: With regard to carbolic acid considered merely in the light of a dressing calculated to promote the cicatrization of wounds, and independently of its antiseptic properties, I believe that it acts as a stimulant to the parts to which it may be applied; that, like many other allied substances, it protects a sore from the air, hardens and contracts its surface, thereby lessening its secretion, and so favors those processes of nature that its virtues in this respect are specially greater than those of alcohol, creasote, and many of the terebinthinates, or that they are at all comparable with those of peruvian balsam, for example, I have always had serious doubts.

The danger of poisoning by carbolic acid in the treatment of open wounds, especially where considerable quantities are used, as in the syringing out of the cavity of a large abscess, are not so trifling, nor are cases of this kind so rare, as many of its warmer advocates would have us believe. For which reason, as also on account of its well-known irritating qualities, I do not think it is a proper substance to introduce into the peritoneal or pleural cavities in the form of vapor, as commonly used during operations, or in the form of a watery solution for washing out these cavities, except in a very high state of dilution.

Like other novelties in medicine and surgery which present themselves from time to time, carbolic acid has been the popular craze for the last fifteen years; it has been used externally or internally, in some form or other, for almost every ill that flesh is heir to. That it has been the means, either directly or indirectly, of saving many lives, chiefly through the teachings of Professor Lister and his followers, no one who has been at all observant can deny; that it has killed a considerable number of people is equally certain; that it will not cure every thing, and that it will not always prevent blood-poisoning where the constitution of the patient is depraved and the blood vitiated, is a proposition too self-evident to require an argument for its demonstration. That the majority of simple wounds occurring in a healthy subject, and treated under favorable local conditions. will heal equally well without it is perhaps not so easy to prove, yet is generally acknowledged by a large number of careful, conscientious surgeons.

In a word, carbolic acid, considered as a panacea, has had its day; like bromide of potassium, like chloral hydrate, and many other new drugs, after having turned the heads of more than half of the medical world for a few brief years, it has, in this country at least, like them, come to occupy a definite place in the minds of the majority of physicians, or has come to be valued by them for just about what it

is really worth, neither more nor less.

Action of Hyoscyamine.-Dr. Thomas Browne, in British Medical Journal, thus concludes an analysis of cases reported: (1) The observations show the uncertainty of the action of hyoscyamine when given by the mouth, and the danger of large doses. (2) They also show the marked superiority of the hypodermic method, and the confidence with which, in some cases, its effects could be calculated on, and the dose increased or diminished in accordance with the violence of the patient. (3) In hyoscyamine we have a drug which is often capable of controlling the violence of a furious maniac, and, it may be, checking the torrent of rushing ideas on which he is borne along, soothing without putting to sleep, and, in these respects, differing from morphia or chloral. In noisy and destructive general paralytics, such as indicated in Case III, the quiet air of comfort and repose following a moderate dose was such a contrast with the previous condition as to strongly impress every one with the feeling that, by the introduction of hyoscyamine, another valuable aid has been secured in the care and treatment of such cases. (4) No curative action can be claimed for the drug. Even in acute mania it did nothing more than moderate or check, for a time, the violence of action and, perhaps, render less vivid and overwhelming the terrify-ing whirlwind of delusion of the frantic patient.

Plantain as a Styptic.—An old styptic, mentioned by Shakespeare and recommended by various weiters, from Pliny to Culpepper, plantain has been almost entirely overlooked by modern writers upon therapeutics. Prof. Quinlan, of Dublin, found it in use as a popular remedy in a remote district in Ireland, and has tried it extensively with the best results in cases of external hemorrhage suited to the use of styptics. In cases of internal bleeding from the lungs, the kidneys, the bowels, and in menorrhagia he has got fair results from large and repeated doses of the juice, either fresh or fortified with alcohol or glycerin.

Chrysophanic Acid internally in Psoriasis.— H. E. Cauty, F.R.C.S., reports three cases thus treated and comes to the following conclusions, which we

are confident are perfectly correct:

The results obtained in these cases were not such as to encourage further trials, nor to confirm the supposition that there is any specific cutaneous action; on the contrary, it leads to the deduction that in the successful case published in the Lancet the good result must have been due to continuous purging, and if this deduction is correct, then there are other medicines whose action is equally efficacious, and at the same time free from those irritating properties which characterize chrysophanic acid. In three other cases in which this was tried it acted so immediately as an emetic that it would be absurd to consider them in connection with a constitutional action. In the second case, where the drug was tolerated better than in the others at the time when, if any, a specific benefit ought to have been manifested, the disease increased in virulence. It is possible that in future therapeutical works the acid will be quoted as a remedy for psoriasis, and in consequence it may be tried by many gentlemen whom the persistence of the disease has sorely puzzled; it is with a view of pointing out what results may possibly be expected that the foregoing cases have been recorded and sent for publication.

Note: The name chrysophanic acid is retained in the above observations, but I am informed that the proper name is chrysarobin. This is the active principle or one of the active principles of rhuoarb; and I notice in the Pharmaceutical Journal the active principle of senna, supposed to be cathartic, has been resolved into three substances, one of which is chrysarobin. The action of the so-called chrysophanic acid resembles very much that produced by senna and all its preparations on some individuals.

Rheumatic Leucoinoitis, i.e., Rheumatism of the Bronchi.—The paper of Dr. Buckler, of Paris, in the American Journal of Medical Sciences, is attracting much deserved attention. He states that for many years past he has believed in the existence of a condition of inflammation of the bronchial tubes in which the fibrous structures are primarily and perhaps solely involved. It is a condition which he thinks is remarkably frequent, and of considerable gravity, from the secondary pneumonia it is liable to induce. . . "As to the physical signs of rheumatic 'leucoinoitis'" says the Lancet, "they are notable for their absence. Indeed, the diagnosis is based upon a continued, distressing, hard, dry cough, for which physical examination reveals no sign; the mucous membrane not being swollen or inflamed, there is presumably no change in the caliber of the tubes and no excess of bronchial secretion, and the bronchitis is therefore mute. But in several cases the condition leads to pneumonia, or at any rate to pulmonary engorgement, which is made manifest by physical examination. Dr. Buckler goes so far as to attribute the excessive mortality from bronchitis, especially that which occurs in London during the pro-longed prevalence of fogs, mainly to this hitherto unrecognized affection."

A case of hemiplegia of the right side, anesthesia of the left, and unilateral sweating of that side of the face, is reported by Dr. T. McCall Anderson, of Glasgow, in the British Medical Journal, November 25th.

Iodoform in the Treatment of Burns .- Dr. Robert T. Morris, in the Medical Record, thus describes a case treated by him successfully: About the wrist and on the back of the hand and between the fingers the burns were of the third degree, while at the upper portion of the forearm there was simply hyperemia of the skin. First, all the blebs were opened and every part of loosened cuticle carefully pulled away and trimmed closely to the edge of healthy skin, so that the inflamed surface was exposed and dressings directly applied. This dead cuticle all out of the way, it could not form recesses for storing discharges which would decompose and irritate the sensitive skin beneath. Iodoform was sprinkled thickly over the surface, acting as an ideal antiseptic and being analgesic to such a degree that complete relief from pain rapidly followed, and suppuration was limited decidedly by its action in restraining ex-uberant granulation. Strips of cheese-cloth were spread thickly with vaseline, and surface sprinkled generously with iodoform, the strips wound closely about, avoiding wrinkles.

A case of osteoma of the conjunctiva is reported by Dr. E. G. Loring in the New York Med. Journal, January 6th: The weight of the mass was, after removal, 45 milligrammes; length, 8 millimeters; width 5.5 millimeters; height, 2.5 millimeters. It was oval in shape, with the long diameter in the horizontal meridian of the eye. It was convex above and concave below where it rested upon the sclera. The bony growth is enveloped in a thin fibrous capsule. The growth is found to consist of true bone.

Two successful cases of cholecystotomy are reported by Mr. Lawson Tait, in the British Medical Journal. In one he removed about eighty gall stones of small size, the largest weighing fifteen grains. They were removed chiefly by the use of a curette. Neither at the operation nor in the after-treatment were any of the "antiseptic" methods of Professor Lister employed, as he has entirely discarded all these for about two years, with great advantage to his patients. In the other he removed sixteen gall stones, varying from seven to thirty-five grains in weight.

Lunatics in Paris.—At the beginning of the century there were only 946 lunatics in Paris, at the end of last year the total was 8,260; while the population has only increased threefold, the number of lunatics has increased nearly ninefold. For the last ten years there has been a mean annual increase of abour two hundred. The number of cures effected last year was 683, about one in nine; the number of deaths was 1,443, one in eight, the majority of deaths and cures being among first-year patients.

The Face in Disease.—Marshall Hall's principle of diagnosis is, that in general it may be observed that the brow is contracted by pain within the head; the nostrils are drawn acutely upwards by pain in the chest; and the upper lip is raised and stretched over the gums or teeth by painful affections of the abdomen.

Typhoid Fever in Paris.—The deaths from typhoid fever in Paris from the beginning of the year till November 16th have amounted to 2,765, or in the annual ratio of 141 per 100,000.

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I am constantly prescribing Iron Tonic, it gives such general satisfaction. Where there is an opportunity it will reconstruct the most shattered and enfeebled constitution. Butler City, Kansas, Aug. 15, 1882.

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The Iron Tonic acts on the stomach and liver, increasing the appetite, assisting digestion, building up the weak, frail, and brokendown system, thereby making it applicable for dyspepsia in its various forms; loss of appetite, headache, insomnia, general debility, female diseases, want of vitality, nervous prostration or exhaustion, convalesence from fevers. It prevents impoverishment of the blood; is valuable in anemia, chlorosis, etc.

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FORTY-SIXTH ANNUAL ANNOUNCEMENT

UNIVERSITY OF LOUISVILLE.

SESSION OF 1882 AND 1883.

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H. A. COTTELL, M.D. Lecturer on Medical Chemistry. W. CHEATHAM, M.D. Clinical Lecturer on Diseases of Eye, Ear, and Throat.

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B. BUCKLE, M.DDemonstrator of Operative Midwife	ery.
W. CHEATHAM, M.D	Laryngoscopy, and Otoscopy.

The Spring Session of 1883 will open March 5th, and will continue until June 1st. It includes Clinical Teaching and Pharmaceutical work in the Dispensary, systematic recitations from Text-books, by a corps of examiners who have the use of the Museum for Illustration, personal manipulations in Operative Surgery, Chemistry, Histology, Ophthalmoscopy, Laryngoscopy, and Otoscopy, under the supervision of Demonstrators.

The Spring Course is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary,

The Spring Course is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary, and does not count as a session.

The Fee for the Full Course is Twenty-five Dollars.

The Fee for the Full Course is Twenty-five Dollars.

The Forty-Sixth regular Annual Session will commence on October 2, 1882, and will continue until March 1, 1883. Previous to this there will be a preliminary course of lectures free to all students, opening September 4th, and lasting until the beginning of the regular term.

The continued success of the practical exercises in Laboratories especially fitted with Beck's Microscopes, sets of Chemical Reagents, Manikins, Ophthalmoscopes, Laryngoscopes, etc., the confirmed the wisdom of the Faculty in instituting these courses. Every facility and all needful apparatus will be furnished so as to make these teachings of permanent value to the student.

These special courses are optional. And it is recommended that first-course students should take Microscopy, for which a fee of \$5 will be charged, and second-course students the three other courses, for which a fee of \$10 will be charged.

It is urged upon all who seek to train their senses to the requisite degree of skill to make good diagnosticians and operators that at least one course of each of the manipulative branches be taken before applying for the degree.

CLINICAL MEDICINE AND SURGERY.

It is the determination alike of the Faculty and Trustees to secure to students that kind of information which will be most useful to them in active professional life, and it will be seen that no effort has been spared to make the University essentially a practical and demonstrative school.

The UNIVERSITY DISPENSARY, which is the property of the Faculty, affords great facilities to students. The building is upon the University grounds, and is open to patients and students throughout the year. It is the oldest institution of the kind in Louisville. It has obtained the confidence of the sick poor of the city, and its clinics are daily crowded with patients illustrating all varieties of disease. The advantages accruing to the University students from this source are among the chief attractions of the institution, giving them opportunities for attending cases and witnessing diseases in every phase. The Dispensary furnishes material for Dally College Clinics from the following chairs: Jlinical Medicine, Clinical Surgery, Diseases of Women and Children, Diseases of the Heart and Lungs, and Diseases of the Servous System.

In addition to the daily College Clinics mentioned, two Medical and two Surgical Clinics will be held weekly in the commodious amphitheater of the City Hospital.

The Professors of Clinical Medicine and Clinical Surgery will lecture in the Hospital during the session. In addition to the above, the abundant elinical material of SS. Mary and Eleabeth Hospital is at the command of the University Faculty.

University Faculty.

FREQUENT EXAMINATIONS.

Universal experience has demonstrated the paramount importance of this mode of instruction as supplemental to leavers, and the Faculty has made a special provision for it. The wisdom of this action has been abundantly shown The Faculty therefore devote additional hours for the purpose of a general "quiz," to be conducted by themselves.

Good boarding can be procured in the vicinity of the College at from \$3.00 to \$5.00 per week, fire and light included. Students on their arrival in the city by proceeding to the University, on corner of Eighth and Chestnut Streets, within three squares of the Louisville and Nashville Bailroad Depot, will find the Janitor, who will conduct them to

suitable boarding-houses.

A Post-graduate Course has been organized by the Faculty, which will follow immediately upon the winter session and continue six weeks. Special instruction will be offered to practitioners in various departments of med session and surgery.
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